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| MEETING | EXECUTIVE DIRECTORS TEAM MEETING 18 OCTOBER |
| Agenda item and Paper Number | 5 CM/10/17/05 |
| Agenda Title | National Patient Experience Survey strategy 2018/21 |
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PURPOSE OF PAPER:

Actions required by the Board:

- **Discuss and agree** the proposed strategic direction for the National Patient Experience Survey programme. This includes the development and delivery of digital collection methods replacing the existing paper-based solution and the extension of the programme over new care models as appropriate.

1 Summary

- 1.1 The National Patient Experience Survey Programme is the single largest reliable source of evidence on people's experience of care in acute and community mental health sectors. Unlike other sources of user voice, the surveys are based on a robust and repeatable method that allows CQC to compare people's experiences of care between hospitals and over time to identify changes in quality and outliers in performance. It is used in a range of dashboards across the healthcare system including our Insight products.
- 1.2 This paper sets out our proposals to develop the programme to:
- create a digital delivery method that will reduce the costs of running the programme for trusts allow us to, potentially, increase frequency and sample sizes with minimal cost impact
 - support our next phase approach by reviewing frequency and sample size of the surveys
 - test our ability to collect people's views on the quality of new care models as they emerge.

2 Recommendation

- 2.1 It is recommended that the Board discuss and agree the approach to survey development up to 2021/22. This approach proposes that we:
- continue the collection of the existing survey programme across the five national and official statistics,

- update the collection method from a postal survey to an online programme reviewing and updating documentation and tools to support this,
- seek to improve the frequency and timeliness of surveys as part of the shift to a online approach, and
- review the coverage of the surveys to include new care models, where appropriate.

3 **Discussion and Implications**

Context

- 3.1 The National Patient Experience Survey Programme has been running for 15 years. It is part of a wider set of surveys undertaken by NHS England (including the GP patient survey, GPPS, and, the cancer patient experience survey) and the Department of Health (including the Adult Social Care Outcomes Framework, ASCOF, survey).
- 3.2 In 2016 CQC completed a substantial review of the programme, including an external consultation. Over the last two years, we have focussed on implementing those changes and continually improving the programme. We now need to revisit our overall strategy for the survey programme. Specifically, the key strategic issues we need to consider at this point are:
 - Whether a National Patient Experience Survey Programme remains relevant to CQC
 - If it is relevant, how it needs to develop in order to respond to changes in digital technology, the way that health and care services are provided and CQC's next phase of regulation.
- 3.3 The existing survey contract will cease on October 2018 following a one year extension agreed by the Board. We are starting the re-procurement process at this stage to ensure that it can be completed within the existing contract timeframe allowing for a hand-over between any successful bidder and our existing Co-ordination Centre as needed. The re-procurement also provides a natural point to review our strategy.

Background

- 3.4 The data from the National Patient Experience Survey Programme is the single largest reliable source of evidence on people's experience of care in acute and community mental health sectors.
- 3.5 It consists of five national and official statistics: the annual adult inpatient and community mental health surveys, and three biennial surveys of children and young people's inpatient and day case services, maternity services, and emergency department services.
- 3.6 The survey programme is based on a highly robust, and repeatable, methodology. Samples for the survey are tightly defined and carefully checked to ensure that they are representative and can be used to draw conclusions across providers. This allows us to generate national and official statistical releases, patient experience metrics for inclusion in Insight dashboards that compares a trust's, or a hospital's, performance with other providers and an outlier report that identifies trusts where performance is significantly better or worse than elsewhere.

3.7 Survey data makes up a quarter of the trust composite measure within our acute NHS Insight product. This measure consists of those indicators which are highly correlated to our ratings and act as a key metric to understand when there are changes to quality of care.

4 **Does CQC continue to require a National Patient Survey Programme?**

4.1 The survey programme has an annual spend of c.£1.25m (not subject to VAT) which includes both the development and delivery of the survey programme.

4.2 The programme is different from other data sources about people's experiences of care. Other sources tend to be more descriptive in nature but due to their collection methods, are not comparable either between providers or over time. This is usually because they:

- reflect the views of a non-representative group of people cared for by a provider (such as comments from direct conversations with people using services during inspection) or
- are based on analytical methods that vary locally (such as the Friends and Family Test).

4.3 While these different sources of people's views are useful, and can support our inspection methodology, surveys are the only existing method that generates data which can be used to make statistically valid comparisons between providers and at other levels, for example at CCG level.

4.4 The data is, therefore, used extensively to support CQC Insight and by the Department of Health (DH) and other partners in the health and social care system. The programme currently has over 3,000 subscribers who have asked to receive updates on the programme so that they can be kept informed about the data and its use.

4.5 Metrics from the programme are used within the NHS Outcomes Framework, the CCG Improvement and Assessment Framework, a number of Five Year Forward View Dashboards, the DH's Share Delivery Plan and NHS Improvement's Single Oversight Framework.

4.6 The programme supports CQC's strategic aim of improving how we hear, and act on, the voices of those who use services. As such it is an important part of how we can increasingly become an Intelligence-led organisation and, as such, its delivery and development is included within our current business planning cycle.

4.7 Given the value of the data it is recommended that the programme continues and that the methods and content are reviewed and continuously improved. We, therefore, recommend that we re-procure the services of a co-ordination centre to work in partnership with CQC to delivery and develop the programme and an approved contractor framework to support trusts administer the surveys locally.

4.8 It is also recommended that we continue conversations with the DH and NHS England over the alignment and strategic direction of our survey programmes to ensure that they are able to support CQC's work. We will also continue to sit on the development Boards of these surveys where appropriate.

5 **Continuous Improvement**

- 5.1 Since the start of the existing contract CQC and its co-ordination centre have already made a range of innovations and developments within the survey programme. This includes introducing:
- an outlier model to identify trusts that are performing particularly well or less well across the survey,
 - reporting at hospital, and trust, level for the inpatient survey,
 - reporting at medical and surgical level within the inpatient survey,
 - delivered a biennial children's survey, and
 - started piloting the use of SMS text reminders to reduce cost and increase response rates.
- 5.2 As outlined in our consultation on the survey programme in 2016, we will continue to review the re-introduction of questions regarding outpatient care. Digital solutions, outlined below, would allow us to significantly increase the sample size of this survey so that we can get sufficient information across the main outpatient specialties. This will allow us to identify variations in people's experiences of care within these services without significantly increasing the cost of the programme as a result.

6 Survey improvement: digital surveys

- 6.1 Digital surveys and data collection methods have developed rapidly over the last five years, and this has led to many organisations moving their regular surveys from offline to online data collection methods.
- 6.2 Importantly for the survey programme, email addresses and smart phones numbers are increasingly used to make, and remind people of, appointments. That means that they are centrally collected and stored in hospital systems in ways that can be accessed like postal addresses as part of a survey sample.
- 6.3 Moving some or all of our data collection online could offer significant benefits in terms of:
- Speed and flexibility of survey delivery, including scope to expand the frequency of data collection and explore larger sample sizes
 - Cost reduction for NHS Trusts¹ It is assumed, however, that cost reductions to CQC will be smaller as the main costs removed from digitalisation will be postage and printing costs borne by trusts themselves and CQC will need to invest in the generation of a digital solution.
- 6.4 As part of our continuous discussions with stakeholders within our advisory groups, and our national consultation on the development of the programme, there is significant demand to develop digital surveys. This reflects the overall trend towards a faster digital collection of intelligence.
- 6.5 For some population groups, particularly younger groups but increasingly older patients as well, response levels are decreasing across the survey programme. While the exact causes of this are yet to be reviewed, it is likely that the current postal survey approach is a significant contributing factor.

¹ Trusts typically spend approximately £2,000 – £4,000 per survey. A significant proportion of this will be saved through a digital solution as costs of posting surveys and response letters are reduced.

- 6.6 Where we are able to collect and use emails, ethically and legally, we will be able to either replace the paper-based collection methods with electronic methods or operate a mixed electronic/paper solution. To support this we would recommend that we work with a co-ordination centre to:
- undertake a series of pilots in acute and community mental health providers to determine accessibility of email addresses and phone numbers
 - reduce, significantly, the length of existing questionnaires so that they can be completed easily online. We would do this following broad stakeholder engagement and an audit of the use of existing questions.
 - develop surveys that can be accessed on a range of platforms including tablets and phones as well as standard computers. We will continue to support a small number of paper questionnaires to allow harder to reach groups, and those who are not online, to respond to the survey.
 - increase the sample size and further pilot the use of social media to increase the volume of responses. This would mitigate, in part, overall declines in survey responses which are being experienced across health and social care surveys.
- 6.7 Piloting the collection and storage of emails and phone numbers would be undertaken in the first year. If that is successful we would then seek to start introducing digital solutions within the most likely surveys first (including the maternity survey, and the children's and young person's survey where the survey populations are younger).
- 6.8 This would build on pilots already planned within the Inpatients Survey 2017 where we will test the use of SMS texts to send reminders to complete the survey, and shorter questionnaires with SMS text reminders in Community Mental Health 2018.
- 6.9 As we deliver a more electronic format, it would be possible to consider options to move the delivery of the National Patient Experience Survey to NHS Digital, for example. However, such a move would significantly reduce the influence CQC had over the development of a key data source particularly as we reduce questionnaire content. Such a transfer would, also, not reduce the cost of the programme or delivery a greater level of efficiency as NHS Digital also employ the use of an external Co-ordination Centre to deliver large scale surveys.

7 Survey improvement: new care models

- 7.1 The traditional divide between primary care, community services, and hospitals is increasingly a barrier to personalised and coordinated health services.
- 7.2 The NHS will increasingly need to remove these boundaries to ensure that single, unconnected 'episodes' of care are coordinated across services. This will allow the system to better manage people's needs, particularly for people with long term conditions.
- 7.3 The Five Year Forward View outlines significant changes to the way that health and care is delivered. As new models continue to evolve focussed on integrated care largely provided outside of hospitals, CQC will need to evolve its inspection methodology to better incorporate these new providers.

- 7.4 Part of that will be ensuring that we have the right information to support our understanding of changes to quality at these providers and to help us focus where and when we inspect them.
- 7.5 We therefore recommend that we review the scope of the programme and, use possible cost reductions from automation to adapt the current survey programme to ensure that it reflects the way that care is being provided in future. This is likely to affect some current surveys more than others, for example, urgent and emergency services, and community services. Other surveys, including inpatient services may be less affected.
- 7.6 As new services develop CQC will commission a co-ordination centre to undertake literature and desk reviews, feasibility studies and pilots to determine if we can use surveys to understand people's experiences of care within new care models. We have already completed a pilot on the development of an integrated care survey and will continue to work with NHS Digital to understand how a robust sample can be drawn to support its development.
- 7.7 We would undertake these reviews where we need to extend the coverage of the existing programme to include different providers within existing surveys or to cover new services. For example:
- new types of provider: for example the provision of services maternity services within community hubs or within the provision of emergency care, and
 - new services: for example, NHS list-based GP services within acute care systems (PACS) where this is not separately covered by the GP Patient Survey.
- 7.8 Where pilot surveys are successful we will seek to commission appropriate surveys, wherever possible, within our existing contracts.

8 Survey improvement: supporting Hospitals Next Phase approach

- 8.1 In addition to responding to external changes, we also need to ensure that the survey programme supports the Hospitals Next Phase approach. In particular, the move to regulatory planning meeting to be held roughly annually puts a premium on recent and timely data from surveys.
- 8.2 At the moment, two of our surveys are annual (inpatient and community mental health) and the others run once every two years (children and young people's inpatient and day case services, maternity services, and emergency department services).
- 8.3 As outlined above, shifting to online data collection will give us the scope to expand the frequency of data collection and explore larger sample sizes. We would therefore recommend that we re-invest any possible resource reduction from moving to a digital platform to move all data collection to an annual basis to support regulatory planning meetings, and we will also explore more continuous data collection options as part of the wider move to digital collection.
- 8.4 We would also recommend that we review the mix and spread of the surveys to ensure that we are getting the right information to support our work. Where

we identify gaps we will review these areas to test the feasibility of undertaking surveys for these services, populations or pathways.

9 Conclusion and Next Steps

- 9.1 Subject to Board agreement, these recommendations will form the basis for the re-procurement of a Co-ordination Centre and an approved contractor framework for 2018/19 to 2021/22. Re-procurement will be subject to the appropriate Investment Committee, ET and Board sign off on the costs and procurement routes.

Appendices

None

The following people have been *involved in the preparation of this paper*:

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The paper has been discussed at the ET meeting, 3 October 2017, and has been recommended to the board for discussion.